County of San Diego

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June 30, 2016

TO: Behavioral Health Advisory Board

FROM: Alfredo Aguirre, LCSW, Director
Behavioral Health Services

RE: Feasibility Analysis of the Recommendations Presented by the Behavioral Health Advisory Board Suicide Prevention Workgroup

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BACKGROUND

In July 2014, the Medical Examiner's (ME) office released a report stating suicides comprised 15% of the nearly 3,000 deaths investigated by the ME's office in 2013. The number of suicides totaled 441, a great loss to San Diego County. In April 2015, it was proposed by Behavioral Health Advisory Board (BHAB) member Supervisor Dave Roberts that BHAB establish a Suicide Prevention Workgroup (Workgroup) and on May 4, 2015, BHAB voted and approved the creation of the Workgroup which included the following members:

Supervisor Dave Roberts (Chair)
Phillip Deming (Vice-Chair)
Jerry Hall
John Sturm
Ed Weiner

The Workgroup met seven times from May-October 2015 and heard from a variety of subject matter experts and developed recommendations to address challenges, identify gaps and suggest ways to enhance current efforts toward suicide prevention. On November 5, 2015, the Workgroup presented their final report to BHAB and on December 3, 2015, BHAB voted to move forward 10 of the 12 recommendations.

FEASIBILITY ANALYSIS

Upon receiving the final 10 recommendations from BHAB in December 2015, Behavioral Health Services (BHS), Aging and Independence Services (AIS), Probation and the Sheriff's Department, moved forward with a feasibility analysis of each recommendation, which is outlined in this report and listed in no particular order.

EXECUTIVE SUMMARY

The Suicide Prevention Workgroup brought forward ten recommendations with the goal of addressing challenges, identifying gaps and suggesting ways to enhance current efforts toward suicide prevention. BHS is pleased to report seven of the ten recommendations are able to be fully or partially implemented immediately or within 1-3 years, as procurement processes conclude and anticipated funding becomes available.

For those recommendations deemed to be partially implemented at this time, BHS will explore full implementation as part of planning the Ten Year Roadmap, a recent call-to-action addressing the most serious behavioral health issues affecting San Diego County. Feasibility of implementation for the remaining three recommendations is dependent upon funding resources and/or additional staff time needed to fully explore the recommendation. Please refer to the table below for a feasibility summary of each recommendation:

	Recommendation	Feasibility Analysis	Summary
1	Adopt the Columbia Suicide Severity Rating Scale (C-SSRS) on a countywide basis	Partial implementation	BHS will pilot the tool within the Systems of Care and define an approach for county-wide promotion and implementation of the tool. At this time, the C-SSRS is being adopted by a handful of other local organizations.
2	Utilize the C-SSRS as the primary screening tool to all incoming jail inmates and juveniles in detention	Partial implementation	The Probation Department will fully implement the C-SSRS at the Juvenile Detention Program as stated above. The Sheriff's Department will continue evaluation of the tool to determine if this instrument is appropriate for the adult incarcerated population.
3	Enhance and expand psychiatric emergency response services	Partial implementation	Expanding services by adding more Psychiatric Emergency Response Teams (PERT) is possible and actively ongoing. However, enhancing services (as specified in the recommendation) is not possible at this time. Additional research and community input needed.
4	Expanding child and adolescent psychiatric beds	Partial implementation	While BHS has plans to triple crisis stabilization bed capacity within 12-18 months, additional planning strategies are underway to meet the growing needs of children and youth who are experiencing a crisis.
5	Expand funding for the suicide prevention advisory council to implement suicide prevention programs and activities	Partial implementation	A request for increased funding has been submitted and the current contract will be undergoing reprocurement in Fall 2016. New contract requirements will incorporate five of the six suggested sub-components of the Workgroup's recommendation.
6	Bolster senior services by pursuing the "village" concept in San Diego County	Feasibility dependent upon resources and additional research	Barriers to implementation include financial and technological resources. Further evaluation of the proposed model and additional community input is recommended.

7	Create more outreach efforts for Veterans including peer-to-peer support	Full implementation	Full implementation is viable and BHS continues to actively seek opportunities to expand outreach to veterans.
8	Enhance and expand suicide prevention resources for LGBTQ youth and TAY	Partial implementation	Although services to Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth and TAY are being enhanced and expanded, the creation of a service delivery system for this population (as the recommendation suggests) will need to be explored further.
9	Increase funding for transportation services for senior citizens	Feasibility dependent upon resources and additional research	Barriers to implementation include financial and staff resources needed to research grants and eligibility requirements. Suggested next steps include education and leveraging of existing resources.
10	Expand crisis intervention services using text messaging to provide therapeutic feedback and referrals	Feasibility dependent upon resources and additional research	Text messaging for mental health services poses a potential risk of quality assurance, liability and privacy concerns. Additional funding and extensive staff time is needed to explore ways to overcome these barriers.

DETAILED ANALYSES

Recommendation #1
Immediately adopt the Columbia Suicide Severity Rating Scale (C-SSRS) on a countywide basis and, if possible, encourage and integrate into existing programs on as wide a scale as possible.

Analysis: Partial Implementation
Upon review of Recommendation #1, the countywide use of the C-SSRS tool will be partially implemented at this time. Further analysis will be conducted to develop a strategy and approach for broad scale, countywide use of the tool.

BHS Current Practices
The Children, Youth and Families (CYF) and the Adult and Older Adult (AOA) Systems of Care for BHS currently evaluate and screen for suicide risk through a comprehensive clinical interview and use of existing screening and assessment tools/scales. Under BHS purview, there are a number of general practices and screening tools that are utilized in different settings, including:

- Initial screening
- Behavioral Health Assessment
- High Risk Assessment
- High Risk Index
- Clinical interview
- Children Functional Assessment Rating Scale (CFARS)
- Child and Adolescent Measurement System (CAMS)
- Milestone of Recovery Scale (MORS)
- Level of Care Utilization System (LOCUS)
- Massachusetts Youth Screening Instrument (MAYSI-2) for juveniles (currently in all juvenile detentions, and expanding to youth with a True Finding)

In addition, there are a number of partners to consider and include, such as:

- Health plans
- Suicide Prevention Council contractor
- Systems of Care not under Health and Human Services (HHSA) such as the Regional Centers, Community Health Centers, etc.
- HHSA Departments and Divisions (AIS, Child Welfare Services, Public Health, Veterans, HHSA Regions)
- Emergency Medical Services
- Probation
- PERT
- Sheriff's Department
- BHS Organizational Providers
- Fee For Service Network (FFS) under OPTUM
- Hospital Partners

Many of these systems and programs not under contract with the County may choose to implement the C-SSRS, while others may determine it is not an appropriate screening tool for their target population. Opportunities to engage and secure agreement to implement the C-SSRS within County systems/programs will need to be explored.

Suggested Next Steps

BHS is further defining a strategy to develop a broad scale approach to promote the use of the C-SSRS tool countywide as part of the BHS Ten Year Roadmap. With the development of this approach, BHS will be piloting the use of the tool within a program in the AOA and/or CYF Systems of Care. It is recommended that the provider for the Suicide Prevention Council facilitation contract take the lead role in conducting the pilot implementation and evaluation. Numerous organizations and stakeholders have already begun planning to pilot and/or implement the C-SSRS tool in their programs including, the Probation department, Scripps and Sharp Mesa Vista Hospital.

Recommendation #2

The San Diego County Sheriff's Department (which administers all adult jails) and the San Diego County Probation Department (which administers all juvenile facilities) should screen each incoming prisoner/juvenile utilizing the Columbia Suicide Severity Rating Scale (C-SSRS) or an alternative, validated instrument specifically appropriate for the incarcerated population.

Analysis: Partial Implementation

Upon review of Recommendation #2, utilization of the C-SSRS will be partially implemented at this time. While the Probation Department will implement the use of the C-SSRS tool, the Sheriff's Department will need to further evaluate whether the C-SSRS is the most appropriate instrument for the adult incarcerated population.

Evaluation

The Probation Department has made the decision to implement the C-SSRS, a validated measure of suicidality, to provide additional safety precautions for youth. This suicide screening tool will be administered to all youth upon entry to Kearny Mesa Juvenile Detention Facility and to East Mesa Juvenile Detention Facility. Appropriate staff members at each institution are being trained to administer the C-SSRS and implementation of this new procedure began on March 1, 2016.

Continued evaluation by the San Diego County Sheriff's Department, including appropriate piloting of the tool, is needed to determine potential implementation of the C-SSRS.

Recommendation #3
Enhance and expand psychiatric emergency response services throughout the County.

Analysis: Partial Implementation
Upon review of Recommendation #3, *expanding* psychiatric emergency response services is ongoing and possible; however, *enhancing* services is not possible at this time.

Understanding the Recommendation: "Enhance" versus "Expand"
In exploring the feasibility of this recommendation, it is important to understand and consider each part of the recommendation as it relates back to the initial report of the Suicide Prevention Workgroup dated November 5, 2015. The rationale of this section of the report was presented as follows:

> *Psychiatric emergency response services have proven to be successful within our county. We support a pilot program that would have family and other interested individuals trained to respond and assist families to identify and access services, and provide support after psychiatric emergency and law enforcement services have responded to the crisis. We also support utilizing psychiatric emergency response services in our local schools.*

Although *expanding* the existing program is attainable (i.e. adding more PERT teams), *enhancing* psychiatric services (as suggested above) requires separate consideration. A breakdown of the Workgroup's suggested enhancements stated above, includes:

- Piloting a program to train family members (and other interested individuals) to respond and assist families to identify and access services;
- Pilot program to include support to individuals after the psychiatric emergency and law enforcement services have responded;
- Utilization of psychiatric emergency response services in local schools.

Possible Barriers to *Enhancing* Psychiatric Emergency Response Services
At this time, the AOA and CYF Systems of Care (within BHS) have limited resources to implement a pilot program that would enhance psychiatric emergency response services to include training of family members/peers, provision of post-intervention support and utilization of psychiatric response services in schools.

In order to consider whether to pilot such a project, BHS would require dedicated staff resources to review and analyze the current research literature, as well as, evaluate related outcomes to support the pilot implementation. Staff would need to visit similar programs (such as those in Los Angeles County) for review and funding will need to be identified. Finally, BHS would have to secure participation of stakeholders including school districts.

Current Practices
When individuals are experiencing a psychiatric emergency, there are a number of touch points that can assist with direct services or connect individuals to services, including (but not limited to):

- Access and Crisis Line
- In-Home Outreach Teams (IHOT)
- Peer Warm Line
- School Districts
- Psychiatric Emergency Response Teams (PERT)

- Organizational Providers (Walk-In/Urgent Access)
- Emergency Rooms
- Health Plans
- Crisis Residential Treatment
- San Diego County Psychiatric Hospital (SDCPH) and the Emergency Psychiatric Unit (EPU)
- Hospital Partners/Emergency Departments
- National Alliance on Mental Illness (NAMI)

History and Expansion of the PERT Program

In 1995, the Psychiatric Emergency Response Team (PERT) program began with one team consisting of a clinician paired with law enforcement to respond to 911 calls involving a person with a Serious Mental Illness (SMI) and/or a co-occurring disorder experiencing a psychiatric crisis and in a possible life threatening situation. From 2008-2014, San Diego Police Department requests for PERT increased 79% and San Diego Sheriff's Department requests for PERT increased by 62%. The program continued to expand based on community need, and, by the beginning of 2015, PERT operated with 23 teams throughout San Diego County.

In April 2015, recognizing the continued need for additional teams, the Board of Supervisors directed the Chief Administrative Officer in consultation with the San Diego Sheriff's Department, to analyze the current Psychiatric Emergency Response Team program and make recommendations regarding the level of service to address the needs of the community. BHS returned to the Board in July 2015, with a request to further enhance funding to add five additional teams and expand the number of PERT trainings to local law enforcement and community agencies. In collaboration with Public Safety Group, an additional five teams were added in August 2015, for a total of ten new teams. This 40% growth in teams (bringing the total number of teams to 33) expanded the County's ability to support the increased requests for assistance in all regions of the county.

In January 2016, the Board of Supervisors approved a mid-year enhancement request from BHS to add seven new teams bringing the new total to 40. BHS, in partnership with law enforcement, will continue to seek additional funding to *expand* the PERT program which is aligned with Recommendation #3.

Suggested Next Steps for *Enhancing* Services

Gather community input at the BHS Community Forums on this recommendation and evaluate outcomes where similar programs are being implemented to determine if an enhanced pilot program will be considered for implementation.

Recommendation #4
Expand the availability of child and adolescent psychiatric beds.

Analysis: Partial Implementation

Upon review of Recommendation #4, expansion of child and adolescent psychiatric beds will be partially implemented at this time. Planned expansion and relocation of the Emergency Screening Unit (ESU) will effectively triple crisis stabilization bed capacity; however, long-term planning is needed to meet the growing needs of children/youth in San Diego County who are experiencing a crisis.

BHS Current Practices/Background

There are three local psychiatric hospitals in our community serving children/youth, with an overall bed capacity of approximately 60 beds depending on a number of factors such as staffing availability and makeup of the milieu. All three hospitals serve private and publicly funded youth, with Rady's Child and Adolescent Psychiatry Services (CAPS) having eleven dedicated beds for unfunded and MediCal

beneficiaries under contract with BHS. There are times when all three inpatient psychiatric facilities are at capacity and kids are at emergency departments or the ESU waiting to be admitted.

The ESU operates four crisis stabilization beds which allow for the holding of a child/youth in an acute state for up to 24 hours. These beds are extremely important for avoiding hospitalization and demonstrate an over 70% hospitalization diversion rate. Crisis stabilization beds support maintaining clients in the least restrictive environment and reduce pressure on emergency rooms and law enforcement. In Fiscal Year (FY) 2012-13, there were 1,245 children/youth admitted to ESU. In FY 2013-14, there were 1,499 children/youth admitted to the ESU.

Expanding and Relocating the ESU: A Solution to Triple Bed Capacity and Ease Accessibility

In May 2016, BHS was successful in securing partial funding from the California Health Facilities Financing Authority (CHFFA) to relocate the ESU which will triple the crisis stabilization bed capacity of our current facility. Law enforcement personnel, who provide the majority of transportation to the ESU, experience long commutes diverting their availability from their community. It is also very difficult for families to get to the current ESU location in Chula Vista. The relocation and expansion of the ESU is projected to be fully operational toward the end of FY 2016-17.

By relocating the ESU to a central location of the County, increasing from 4 to 12 beds and adding more staff, there will be an overall increased capacity to manage children and youth's psychiatric emergencies in a manner that promotes stabilization and connection to outpatient services as an alternative to hospitalization. Upon discharge from the ESU, children/youth often return to their residence following stabilization or are referred to other appropriate levels of care. ESU also connects families and youth to case management services to ensure they are receiving the support necessary to remain in their home. This practice is aligned with the Workgroup's concern of appropriate transition of care from one level to another.

Suggested Next Steps

Although plans are underway for expansion of the ESU, long-term planning is necessary to meet the growing needs of children/youth in San Diego County who are experiencing a crisis.

The Hospital Association of San Diego and Imperial Counties (HASDIC) and the County of San Diego have partnered to establish a clear continuum of care for individuals experiencing acute mental illness and/or substance abuse crisis. The Acute Continuum of Care Initiative is focused on systems working jointly to identify gaps in the system and advocate with appropriate funders and systems for necessary resources. BHS will also undertake continuous evaluation of the system to assess needs for expansion and will gather public input at the BHS Community Engagement Forums.

Recommendation #5

Expand the funding for facilitation of the suicide prevention advisory council, and its committees, to implement suicide prevention programs and activities.

Analysis: Partial Implementation

Upon evaluation of Recommendation #5, expanded funding for the facilitation of the suicide prevention advisory council will be partially implemented at this time. The current contract will undergo reprocurement in Fall 2016 and increased funding is being requested. If funding is approved for the increase, five of the six recommended sub-components of this recommendation are able to be fully implemented while one is outside of the scope of the advisory council.

Background

Currently, the advisory council contract is funded at the level of $175,000 annually. The current contract which was scheduled to end on June 30, 2016, will be extended until September 30, 2016. BHS intends to reprocure services for a new contract beginning October 1, 2106. Current services include implementation of a strategic plan, trainings on the C-SSRS suicide risk assessment tool, Question, Persuade and Refer (QPR) trainings and the Applied Suicide Intervention Skills Training (ASIST).

Sub-Components of the Recommendation

The Suicide Prevention Workgroup outlined six goals of this recommendation in their report dated November 5, 2015:

1. *Create a five-year strategic plan, conduct one-year reviews and develop reports complete with recommendations for next-year implementation, regardless if funding is available;*
2. *Outline and publish online intended program metrics and outcomes;*
3. *Significantly increase suicide risk assessment training, using the C-SSRS tool, to Transition Age Youth (TAY) and adults with the goal of increasing the number of individuals who are trained to detect signs of risk and are able to make referrals;*
4. *Actively engage suicide attempt survivors, as well as, family members and interested community members who have lost a loved one to suicide to participate in program development, analysis and updates;*
5. *Develop assessment, training, monitoring and outcome measurement resources focused on specific segments of suicide-risk populations;*
6. *Align data collection and reporting systems with existing and future open-data standards.*

Full Implementation of Five of Six Sub-Components

Upon analysis of above goals, numbers 1-5 have been included in the contract reprocurement and will be fully implemented, contingent upon increased funding for the advisory council. Goal #6 (data collection and reporting systems) is outside the scope of the advisory council contract and would require further discussion with the Medical Examiner and Emergency Medical Services. Furthermore, State or Federal regulations could prohibit data collection and the reporting of suicide data with open data standards. Future expansion (beyond the reprocurement) is unknown at this time as the contract is funded with MHSA-PEI funds that are not forecast to increase in the near future.

Recommendation #6

Bolster senior services to reduce isolation and suicide related issues by pursuing expansion of the "village" concept in San Diego County utilizing electronic tools and resources.

Analysis: Implementation Feasible Dependent Upon Resources and Additional Research

Upon review of Recommendation #6, it was determined that pursuing expansion of the "village" concept utilizing electronic tools and resources is feasible dependent upon available resources and additional research.

Barriers to Implementation

Although the recommendation is innovative, lack of financial and technological resources prevent this type of program from being created and moving forward at this time. Additional resources of staff time would be needed to research current practices and explore viability of the concept, as well as, to implement any identified electronic "village" program.

Suggested Next Steps

While immediate implementation is not possible at this time, suggested next steps include reaching out to additional partners, further evaluation of the proposed model and determining availability of resources. It is also recommended to seek input from the public at the BHS Community Engagement

Forums to determine if there is interest in exploring these types of services. The upcoming Aging Summit 2016 will have a "Housing" track and will provide education and awareness of the benefits of the "village" model and potentially showcase electronic tools for use in "smart homes" to further support individuals wishing to age in place. In addition, AIS will be applying to become an "age-friendly community" (via AARP) and a key component of the application relates to housing. Ongoing discussion of the "village" model will continue to occur as AIS enhances the County's age-friendly status.

Recommendation #7
Create more outreach efforts for veterans, including peer-to-peer support, to reduce suicides within the County.

Analysis: Full Implementation
Upon review of Recommendation #7, full implementation is viable and BHS continues to actively seek opportunities to expand outreach to veterans.

BHS Current Practices
The list below outlines current activities in place related to this recommendation:

- Funding for the Countywide Stigma and Discrimination Reduction and Suicide Prevention Media Campaign (*It's Up to Us*) was recently enhanced to include expanded focus on veterans, older adults and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) individuals;
- The *Courage to Call* contract provides peer navigation support for veterans, military and their families, as well as, in person at the North Inland Live Well Center's Military and Veterans Resource Center (MVRC);
- HHSA Office of Military and Veterans Affairs (OMVA) has published a *Military & Veterans Resource Guide* listing suicide prevention and mental health resources provided by the County.

Next Steps for Full Implementation
The list below outlines steps currently being taken to create more outreach efforts for veterans:

- *Courage to Call* staff are currently available in person at the North Inland Live Well Center's MVRC, with plans to also provide in person services at the South Region Live Well Center's MVRC;
- BHS has submitted a budget request for FY 2016-17 to enhance the *Courage to Call* contract to hire additional peer navigators;
- OMVA plans to work with outreach and engagement staff to determine which additional community partners should be engaged;
- OMVA will work with AIS to develop a training with a veteran focus (similar to *Good Mental Health is Ageless*) and will include OMVA staff in possible suicide prevention trainings;
- OMVA is creating an eight-page newspaper (and newspaper insert) to include content on suicide prevention and mental health resources, which will debut Memorial Day weekend.

Recommendation #8
Enhance and expand suicide prevention resources for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth and Transition Age Youth (TAY).

Analysis: Partial Implementation
Upon review of Recommendation #8, enhanced/expanded suicide prevention resources for LGBTQ youth and TAY will be partially implemented at this time.

BHS Current Practices
Since April 2010, BHS has funded a contract with Community Health Improvement Partners (CHIP) who has assisted in developing the San Diego County Suicide Prevention Action Plan, and since 2011, has

provided oversight, guidance and support to the San Diego Suicide Prevention Council (SPC) to implement the recommendations of the plan. This year, the contract has been amended to include LGBTQ and TAY as target populations for suicide prevention services.

BHS is also reprocuring the school-based suicide prevention contract. This contract will provide services across San Diego County, with emphasis in areas that have the highest rate of occurrence. The contract will provide prevention services to middle and high school students in all school districts and will offer targeted services for LGBTQ and TAY populations.

In addition, the following services are also in place to support LGBTQ and TAY individuals at risk of suicide:

- Access and Crisis Line
- BHS contracts offer an array of services to address LGBTQ issues
- PERT
- GLSEN (Gay, Lesbian, Straight Education Network) trainings for adults working with LGBTQ youth
- LGBTQ Alcohol and Other Drug (AOD) outpatient program for adults ages 18 and older
- Probation Department training: All members of the Probation Department have been trained in best practices, preferred terminology, legal guidelines and community resources for serving LGBTQ adults and youth.

BHS Services Coming Online

BHS-CYF is developing a new, specialized treatment program for LGBTQ youth projected to begin toward the end of FY 2016-17. Therapeutic services, as well as, a drop-in center are intended components of the program.

Rationale for Partial Implementation

In the report of the Suicide Prevention Workgroup, the recommendation suggests the creation of a service delivery system for LGBTQ youth and TAY. While this is not possible at this time, services to these groups throughout the county are being expanded as outlined in the examples above. These populations are also included as a focus in our countywide Stigma and Discrimination Reduction and Suicide Prevention Media Campaign (*It's Up to Us*), as well as, a focus of the BHS school-based suicide prevention contract.

Recommendation #9

Increase funding for transportation programs, serving senior citizens in particular, in order to decrease isolation and improve access to community services.

Analysis: Implementation Feasible Dependent Upon Resources and Additional Research

Upon review of Recommendation #9, increased funding, or a rearrangement of budgeted transportation funds, for transportation services would be needed to implement this recommendation.

Barriers to Implementation

At this time, public transportation funding for specialized senior adult transportation services is allotted through a competitive bidding process managed by SANDAG. Disbursements are awarded through a prioritization process reflected in the semi-annual Coordinated Plan. Funding for additional transportation services occur through a request for project bids process which are announced intermittently from year to year. Staff resources would be needed to research grants/eligibility requirements and to develop a matrix of services to be provided to staff and community partners.

Suggested Next Steps

There are four suggestions for this recommendation:

- Monitor project proposal and bidding cycles announced via SANDAG for award and implementation through the Senior Mini-Grant fund collected under the auspices of the TransNet II sales tax initiative of 2004.

- Continue to pursue leveraging existing resources; for example, on March 1, 2016, the County Board of Supervisors approved the submission of an application to AARP to join the network of age-friendly communities in the United States. Joining the network will afford participating regions access to resources gathered from participating entities, as well as, from national and global research, planning models and best practices. The effort involves a five-year process, with the first two years devoted to planning and the latter three to implementation and evaluation. Aging and Independence Services (AIS) will continue to explore transportation opportunities as part of this planning process.

- Support continued discussion around ongoing transportation needs. AIS continues to support the County's *Live Well San Diego* vision to create a healthy, safe and thriving community for all San Diego County residents and is closely aligned with the dimensions of an age-friendly community, specifically in the Thriving arena, which includes a focus on housing, civic participation, community support/activities and transportation.
  - The 2016 Aging Summit, co-sponsored by Supervisors Cox and Jacob, included a focus on Age-Friendly Communities and the *Live Well San Diego* Thriving Agenda, and was used as a platform to educate older adults and community partners on these concepts, as well as, enlisted participation in planning and implementing key efforts during the two year planning process and the three year implementation process as described above. The event included a track which focused on transportation efforts in our region.

- Promote knowledge of FACT services. *Facilitating Access to Coordinated Transportation (FACT) was formed in 2005 by community advocates who believed that many San Diego residents did not have access to affordable transportation. FACT coordinates with existing services and provides some services that fill in the gaps. FACT maintains a comprehensive database of transportation services operated by public transportation agencies, social services agencies, faith based organizations and specialized transportation services in San Diego County. FACT also offers RideFACT, a low cost transportation service that provides general purpose trips for seniors (60+) 7 days a week, 7am–8pm* (source: www.FACTsd.org).

Recommendation #10

Expand existing crisis intervention services on a 24/7/365 basis using text messaging services (such as CrisisTextLine.org) to provide therapeutic feedback and referrals.

Analysis: Implementation Feasible Dependent Upon Resources and Additional Research

Upon review of Recommendation #10, additional research and funding would be needed to move forward with crisis intervention services using text messaging at this time.

BHS Current Practices

BHS oversees a contract for the provision of an Access and Crisis Line (ACL) that provides 24/7 access to behavioral health services. The ACL provides free, confidential support in all languages, crisis intervention, suicide prevention, referrals for mental health and/or alcohol and drug needs, and referrals to other related resources in San Diego County. An individual can also "Live Chat" with a counselor

during selected evening hours. 211 San Diego also provides mental health and community resource referrals in San Diego county on a 24/7 basis.

Evaluation and Barriers to Implementation

Texting is a growing form of communication and a way to reach the teenage and young adult population in a way they feel comfortable to receive mental health or crisis services. This recommendation can provide an opportunity for an individual in crisis to receive help through a communication channel in which they feel more comfortable to use. The recommendation is valuable in the ability to ideally reach an identified target population and possibly reduce the number of suicidal events or near-suicides throughout the County. However, due to the quality of services needed to be provided, potential liability and privacy risks, further exploration of these factors, as well as, cost effectiveness needs to occur. A further evaluation of potential risks is examined below:

- Quality Assurance
  The possibility of having to contract with an agency outside of the County (if BHS needs to competitively procure), the lack of interpreter services potentially available with this model and the current variance in the level of staff/volunteers responding for existing crisis text lines all could potentially impact the quality of services to be provided. For example, some current text lines utilize volunteers who are only trained for 34 hours over six weeks, while other lines connect callers to a licensed mental health clinician. The difference creates varying levels of liability issues, along with potential concerns about the quality of assistance being provided. Efforts to research high quality practices and establish standards to ensure quality assurance would be needed prior to implementation.

- High Demand
  A crisis text line can create a new avenue to access mental health assistance in a way that is preferable for some individuals. However, current models demonstrate the lack of a screening process to triage lower level crisis situations versus higher level crisis (suicidal) situations. Therefore, a large portion of users who are not in a major crisis situation may draw staff members away from those who are in a major crisis situation. In addition, a review of companies currently operating text lines indicated that that most have counselors or therapists interacting with multiple clients at once and this could be a concern to be explored and would need to be managed appropriately.

- Liability and Privacy Concerns
  Companies currently offering crisis text services cannot guarantee complete security of the text conversations. In addition, many of the larger, national run organizations for these services are operating under privacy and liability laws of other states. Further research would need to be conducted to align with California laws and further vetting, in general, would need to occur if this recommendation was to move forward.

Suggested Next Steps

Additional funding and extensive staff time would be required to research and overcome barriers stated in the prior section. Innovative approaches to suicide prevention efforts will continue to be explored.

BHS thanks the Suicide Prevention Workgroup for their hard work, diligence, advocacy and thoughtful recommendations. For additional questions regarding this report, please contact me at (619) 563-2700 or email Alfredo.Aguirre@sdcounty.ca.gov.

Respectfully Submitted,

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AA:tf

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